PATENT APPLICATION FEE DETERMINATION RECORD Éffective October 1, 2003

Application or Docket Number

10726573

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPEO			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			31			·		RATE	FEE		RATE	FEE	
FOR			NUMBER FILED .		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			31 minus 20=		•	11		X\$ 9=	59	OR	X\$18=		
INDEPENDENT CLAIMS			(minus 3 =		·			X43=		OR	X86=		
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	481	OR	TOTAL		
CLAIMS AS AMENDED - PART II								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
(Column 1)				(Colun		(Column 3)) 7 F	SMALL		OR	SMALL		
AMENDMENT A	6-16-W	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	- 29	Minus	3	/	= ~		X\$ 9=		OR	X\$18=		
AME	Independent	* Z	Minus *** MULTIPLE DEPENDENT		<u> </u>	-	\prod	X43=	••	OR	X86=		
	FIRST PRESE	INTATION OF MI	JLIIPLE DEF	PENDENI	CLAIM		, [+145=		ОВ	+290≖		
		•					L	TOTAL ADDIT, FEE		OR	TOTAL		
(Caluma 4)									<u> </u>	Jon	ADDIT. FEE		
		(Column 1) I CLAIMS	Г	Colum		(Column 3)	1 r						
5		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**	w.	=		X\$ 9=		OR	X\$18=		
	Independent	AUTATION OF MI	Minus *** OF MULTIPLE DEPENDENT		CL AINA	-	┨╏	X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
							L	TOTAL		OR	TOTAL		
ADDIT. FEE Column 1) (Column 2) (Column 3)													
S١		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER- USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		3	 	X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM													
* If the entry in column 1 is less than the ntry in column 2, write "0" in column 3.													
→ H	**If the "Highest Number Previously Paid F r" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								•	OR ,	TOTAL ODIT, FEE		
1	rone "Highest Num The "Highest Num	mber Previously Pa ber Previously Paid	id For IN THIS For (Total or	S SPACE is Independer	less than nt) is the	n 3, enter "3." highest numbe			ropriate box				